PLACE OF BIRTH /			٠		- u
ounty of Grahm	ARIZ	ONA STATE I	BOARD	OF HEALTH	
ict of Elec	BUREAU OF	VITAL STATISTIC	CS	State Index No	193
of	ORIGINAL CE	RTIFICATE OF BIE	RTH	Co. Registrar No	<u> </u>
	•	*		Local Registrar	No
ranger (n. 1945) General de la companya (n. 1945)		D BY SUPPLEMENT			<u></u>
Or bit		pital or institution, gi	ve its NAM	St E instead of street	Ward) and number)
ill name of child	to the	lson	}	If child is not yet supplemental repo	named, make rt, as directed
To be answered 4. Twing only in event of plural births. 5. No.,	n, triplet or other	6. Legiti- mate? yes	7. Date of birth	3- 2 (Mon	th, day, year)
FATHER		14. Fuil	MO'	THER	
aron D'hels	ore	maiden alice	. S. //	Vellens	
said once (Usual place of abode) nonrerident, give place and State	der.	15. Residence (Usual place o	of abode) give place an	d State 27	,
white , 11. Age at last birt	hday(Years)	16. Color or race While	17, Ag	e at last birthday	23 _(Years)
rthplace (city or place)(State or country)	· 28	18. Birthplace (city (State or cour		1-26.	
cupation	0	19. Occupation	V	•	
iture of industry	ee -	Nature of Indust	try Ola	- my	<u></u>
mber of children of this mother en as of time of birth of child here-tified and including this child.)	a) Born allve and now	living 2 (b) Born	alive but no	w dead 22 (c) \$	tillborn ZLD
CERTIFICATE	OF ATTENDIN	G PHYSICIAN	OR MID	WIFE.	·
reby certify that I attended the birtl	h of this child, who	(Born alive or stillbo	at //-0	m. on the date :	above stated.
hen there was no attending physician idwife, then the father, householder, should make this return. A stillborn i is one that neither breathes nor of ther evidence of life after birth.	Signature	(Phys	//- E	dwife) Thate	ha
same added from	Address	(/ /3 - 107	3 /4	cc & 911	Delin 2
emental report(Month, day, year	-	4/32 102	25 D	Sonto	Registrar.
Registrar.	Filed	D 1 2	u	County	Registrar.
	400	- 302-	9		
The same of the State of the same of the same		e in with the party of the		•	